

## **TOWN OF BOXBOROUGH**

### **AUTHORIZATION TO CHANGE ADDRESS ON ASSESSED PROPERTY & TAX BILL**

In order to make a change to the mailing address on the tax bill, the Assessor needs authorization from the property owner(s). Please fill out the information listed below.

DATE \_\_\_\_\_

#### **PROPERTY LOCATION**

\_\_\_\_\_  
MAP

\_\_\_\_\_  
LOT

\_\_\_\_\_  
BLOCK

OWNER(S)

\_\_\_\_\_  
\_\_\_\_\_

CURRENT MAILING ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

#### **NEW ADDRESS REQUESTED**

NEW MAILING ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

CONTACT PHONE NUMBER

\_\_\_\_\_

NOTE: ALL PARTIES OF INTEREST MUST SIGN AUTHORIZATION

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

Please return to:

Town Assessor  
29 Middle Road  
Boxborough, MA 01719

PHONE 978-264-1720  
FAX 978-264-3127  
EMAIL [randerson@boxborough-ma.gov](mailto:randerson@boxborough-ma.gov)